

ARIZONA DEPARTMENT OF HEALTH SERVICES

STATE OF ARIZONA

County Of Maricopa

} ss

CERTIFICATE NO. -39-

DOCKET NO. EMS 2767

THE ARIZONA DEPARTMENT OF HEALTH SERVICES has found, under the authority of A.R.S. §36-2232 et seq. and pursuant to Department of Health Services rules, that public necessity requires the operation of

BULLHEAD CITY FIRE DEPARTMENT AMBULANCE SERVICE

as a ground BLS and ALS ambulance service in the State of Arizona for the transportation of individuals who are sick, injured, wounded or otherwise incapacitated or helpless within the following service area, with the following central operations station and response times:

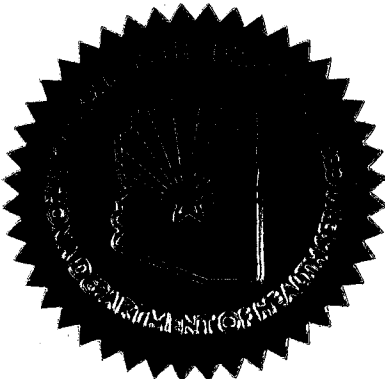
1. Service Area: An area bounded on the South by the common section line of Sections Eleven (11) and Fourteen (14) Township Nineteen (19) North Range Twenty-two (22) West and the extension thereof easterly to the ridge of the Black Mountains and westerly to the Colorado River, and then North along the Colorado River to the North Boundary of Katherine's Landing Resort, Lake Meade National Recreation Area, National Park Service, and then along the North Boundary of Katherine's Landing Resort to the ridge line of the Black Mountains, and South along the ridge line of the Black Mountains to the intersection of the above named common section line.
2. Central Operations Station: Bullhead City, Arizona (1260 Hancock Road).
3. Response Times:
 - a. Five (5) minutes on seventy (70) percent of emergency ambulance calls.
 - b. Ten (10) minutes on ninety (90) percent of emergency ambulance calls.
 - c. Twenty (20) minutes on ninety-eight (98) percent of emergency ambulance calls.

Now, therefore, by virtue of the authority vested in the Arizona Department of Health Services, under the constitution and laws of the State of Arizona, does hereby grant this

CERTIFICATE OF NECESSITY

authorizing the operation of the aforesaid ambulance service for a period ending March 31, 2007 unless for cause sooner amended, suspended, revoked or terminated subject to the decisions and orders, and rules of the Department.

PROVIDED, that this certificate shall not be assigned nor transferred unless authorized by the Arizona Department of Health Services.



BY THE ORDER OF THE ARIZONA DEPARTMENT OF HEALTH SERVICES, IN

WITNESS WHEREOF, I CATHERINE R. EDEN
the Director of the Arizona Department of Health Services, have hereunto set my hand and caused the official seal of the Arizona Department of Health Services to be affixed at Phoenix, Arizona on 3/11/04

Judi Creme for
DIRECTOR

TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE